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# ***Tobacco Control Policy***

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sur la toxicomanie

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## INTRODUCTION

Every year, 39,000 Canadians die from smoking — six or seven times the number who die in road accidents and roughly 100 times the number who die as a direct consequence of illicit drug use. Tobacco is a major cause of heart disease, stroke, cancer and respiratory disease and contributes to peripheral vascular disease, peptic ulcer and fetal damage.

Although these dangers are widely known, the use of tobacco is embedded in our society. In Canada, 30 per cent of adults still smoke.

In the past decade, advocacy and health organizations and government agencies have made efforts to reduce tobacco consumption. The many legislated measures against smoking in Canada have, in fact, put us at the forefront internationally of limiting access to tobacco and have brought about enormous changes in the public attitude towards smoking. However, there is still work to be done to develop a consistent and comprehensive legislative strategy.

The Addiction Research Foundation believes that one of the main goals of any strategy to limit tobacco consumption should be to delay the age at which young people begin smoking.

Most adults who smoke began as teenagers or children. Those who start smoking early are more likely to become heavy smokers, have more difficulty quitting and are at greater risk of developing a smoking-related disease. Tobacco is also considered a “gateway” drug. Those who use it at an early age are much more likely to also use alcohol and other drugs.

In the long run, delaying the decision to begin smoking will likely reduce the number of adults who smoke as well as reduce health costs because smokers would experience fewer years of exposure to tobacco and would be less likely to become heavy smokers. Other substance use might also decline as a result.

## POLICY RECOMMENDATIONS

The ARF recommends a number of policy options aimed at eliminating tobacco sales to minors. It is important to combine these measures as part of a comprehensive plan to restrict access to tobacco by minors, as some initiatives will have little or no effect when taken singly. They include general regulatory measures as well as measures which affect retail sales, some aimed at the general population, others affecting only minors:

### **1. Increase tobacco taxes.**

Increased taxes on cigarettes have a substantial effect on cigarette smoking, especially among young people. In Canada, where tax increases are a major component of a larger strategy to reduce consumption, taxes now comprise about two-thirds of the cost of cigarettes as compared to 25 per cent in the U.S. This, in part, accounts for Canada’s greater decline in tobacco consumption.

### **2. A licensing system for tobacco vendors supervised by a Tobacco Control Board.**

Such a system could consist of private retail outlets licensed to sell tobacco or government-controlled retail outlets or a mixture of both, with a Tobacco Control Board to oversee any of these systems. The cost of a tobacco licensing system would be comparable to that of the liquor licensing system in Ontario — about \$8 million in 1988 or about one cent per pack of cigarettes.

The mandate of a Tobacco Control Board, reporting to the Ministry of Health rather than Consumer and Commercial Relations (which currently controls the Liquor Control Board of Ontario), would be to control the distribution and sale of tobacco products within a public health framework.

As well, government-controlled outlets have several advantages over licensed private outlets. They are more easily supervised and could be reduced in number over time. Enforcement of legislation regarding sales to minors would be greatly simplified and the sale of illegal cigarettes reduced. A point-of-purchase health promotion campaign could also be easily implemented.

U.S. studies show that alcohol consumption in states with privately owned licensed liquor stores was 25 per cent higher than in states with government-owned stores. The number of outlets was also related to per capita consumption of alcohol.

### **3. *Ban tobacco vending machines.***

In 1989, there were more than 5,000 cigarette vending machines in Ontario with combined sales of more than \$27 million.

A U.S. study shows that over 50 per cent of Minnesota students attending Grade 10 who smoke rely on vending machines as their primary source of cigarettes.

Cigarette vending machines are currently banned in Hong Kong, Iceland and Cyprus and in several U.S. municipalities, including New York City. In Toronto, the municipal Board of Health has proposed a ban on vending machine sales of tobacco.

### **4. *Raise the legal age for buying tobacco.***

In Ontario, the legal age for buying tobacco is 18, a year younger than the legal drinking age. Research on the effects of lowering and raising the drinking age shows substantial effects on both underage and legal age consumption. This suggests that raising the legal purchase age for tobacco to 19, along with other legislative changes to ensure the law is enforced, is likely to reduce tobacco use among adolescents.

The ARF recommends subsequently raising the legal age for both drinking and smoking to 21, thereby simplifying regulation as well as reducing consumption. For example, photo identification, currently required only for buying alcohol, could be made a condition for buying tobacco as well.

### **5. *Ban tobacco advertising in magazines imported to Canada and ban sponsorship by tobacco companies of cultural and sporting events.***

Advertising of tobacco is now banned in Canada under the Tobacco Products Control Act, 1988. Although the Act

has been ruled unconstitutional and is under appeal, the ban will continue throughout legal proceedings. However, the many foreign publications distributed in Canada and carrying tobacco advertising, constitute a major advertising influence. Teenaged males under 18, for example, make up one-third of the market for Sports Illustrated, which carried \$30 million worth of cigarette advertising in 1985.

With respect to sponsorship, a ban on sponsorship of sporting and cultural events on public properties would eliminate a very subtle form of marketing, which currently associates cigarettes with a range of glamorous activities, from car racing to theatre.

### **6. *Ban tobacco use on school property in all board districts and include tobacco in a comprehensive school drug policy.***

The Ontario Education Act gives school boards and teaching staff substantial authority and control over the school environment, as well as an obligation to act as role models and preserve the health and safety of their students. For example, drug education is now mandatory in Ontario schools. But although officials have ample authority to implement school policies regarding tobacco, many boards do not have comprehensive policies prohibiting the use of tobacco on school property.

### **7. *Ban the sale of imitation cigarettes.***

Candy and chewing gum cigarettes continue to be available to very young children in packaging that closely resembles that of certain brands of cigarettes. The failure of tobacco companies to take legal action against candy cigarette makers for trademark infringement suggests that they benefit from this form of promotion.

A U.S. study found that young children who had purchased candy cigarettes more than once were more than twice as likely to report that they had smoked tobacco cigarettes.



## CONCLUSION

Restricting tobacco sales to teenagers and children will not entirely eliminate smoking among teenagers, just as restricting alcohol sales to minors has not eliminated underage drinking. But it will have three important effects.

First, it will make it much more difficult for young people to obtain cigarettes regularly and in large quantities, substantially reducing the number who go on to become addicted smokers.

Second, for those who do go on to become smokers, it will delay the onset of smoking and ultimately the probability of developing a tobacco-related disease.

Third, it will send a clear message to both young people and adults that tobacco is a hazardous substance with major health and social costs that cannot be treated as just another consumer good.

There is widespread public support for increased controls on tobacco, particularly sales to minors. A Gallup Poll commissioned by the Canadian Cancer Society reported that 82 per cent of Canadians supported restricted sales to minors.

A more recent survey carried out by the Institute for Social Research at York University on behalf of the Addiction Research Foundation found strong support for a number of measures.

More than 80 per cent of respondents favoured a complete ban on vending machine sales of tobacco products. Seventy per cent wanted licence suspensions for retailers convicted of selling tobacco to minors. Fifty-seven per cent favoured reducing the number of retail outlets for the sale of tobacco. Two-thirds (66 per cent)

supported the ban on tobacco advertising and almost half favoured a ban on sponsorship of sports and cultural events by tobacco companies. Forty-seven per cent supported continued annual increases in taxes on tobacco products.

Predictably, support for most measures was higher among non-smokers, although measures aimed at minors also received strong support from smokers.

Clearly, public support for preventing tobacco sales to minors is strong and growing. The implementation of a comprehensive tobacco control strategy will position Ontario as a world leader in tobacco control and demonstrate our commitment to the health of children and the people of Ontario.

*January 1992*

